Effective October 1, 2001

10/01 9528

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL I	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	•	OR	BASIC FEE	890.04
TOTAL CHARGEABLE CLAIMS			// minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3				3 minus 3 = *		•		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0"					r "0" in c	olumn 2	İ	TOTAL		OR	TOTAL	890.00
1-2-5-12 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						)	SMALL E	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOZ	Total	. 15	Minus	2	0	: <u> </u>		X\$ 9=		OR	X\$18=	
ME	Independent	• 3	Minus	AAA	3	-		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+140=		OR	+280=	
							l	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X42=		QR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIM		j	+140=		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL	
ı	(Column 1) (Column 2) (Column 3)										ADDIT. FEE	
NTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	•	HIG NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA	֓֟֟֓֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	•	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L			1		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	ri the "Highest Nu The "Highest Nur	Imber Previously P mber Previously P	aid For (Total o	or Indeper	rdent) is th	e highest num	iber fo					
	4 070 074 (Day 0						- 0	stent and Trade	mody Office I	IS DE	PARTMENT C	OF COMMERCE